

## SCHEDULE B.

(See section 12.)

(FORM OF CERTIFICATE WHERE CHILD IS INSUSCEPTIBLE OF SMALL-POX.)

I, the undersigned, hereby certify that I have three times unsuccessfully vaccinated \* \*, the child of \* \*, residing at \* \*, in the vaccination-area of \* \*, and I am of opinion that the said child is insusceptible of successful vaccination.

Dated this \* \* day of \* \* 18 \* \*.

(Signature of Medical Practitioner  
or Public Vaccinator.)

(Form of Certificate where child has already had small-pox.)

I, the undersigned, hereby certify that I have examined \* \*, the child of \* \*, residing at \* \*, in the vaccination-area of \* \*, and that I am of opinion that the said child has already had small-pox.

Dated this \* \* day of \* \* 18 \* \*.

(Signature of Medical Practitioner  
or Public Vaccinator.)

## SCHEDULE C.

(See section 13.)

I, the undersigned, hereby certify that \* \*, the child of \* \*, age \* \*, resident at \* \*, in the vaccination-area of \* \*, has been successfully vaccinated by me.

Dated this \* \* day of \* \* 18 \* \*.

(Signature of Medical Practitioner  
or Public Vaccinator.)

## SCHEDULE D.

(See section 16.)

To

[Here insert the name of the parent, guardian or other person who gives  
information of the child's birth.]

Take notice that the child of \* \* \* \* \* whose  
birth has this day been registered, must be vaccinated under the provisions